SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 53 V'ashburn, WI 54891

(715) 373-6138

### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**



ATF

Permit #:	20-0336
Date:	12-7-20
Amount Paid:	\$150 8-10-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

DO NOT START CO	NSTRUCTIO	N UNTIL	ALL PERMITS I	HAVE BEEN ISSUED TO	aBayaield Coprieval	pplication MU	ST be submitted	FILL OUT IN INK (	NO PEI	NCIL)	
TYPE OF PERMIT	STATE OF THE PARTY	The second second	Carlo Control Control	LAND USE SA	NITARY   PRIVY	CONDITION	AL USE   SPECIAL	USE 🗆 B.O.A.	OTHE	R	
Owner's Name:		/	)	, N	lailing Address:	741/	City/State/Zip:	7115	Teleph		
Address of Proper		V516	EK	0	010175 690 City/State/Zip:	1	RIUEDER	ALLS W	113	425506	
680Z	5 4	55	EFF L	ARE KD	TROU	Revo	H W		Cell Ph	one:	
Contractor:	SE	7/2	2	C	ontractor Phone:	Plumber:			Plumb	er Phone:	
Authorized Agent:	: (Person Sig	ning Appli	cation on beha	If of Owner(s)) A	gent Phone:	Agent Maili	ng Address (include City	/State/Zip):	Writte	n	
									Author Attach	rization	
A VALUE OF THE PARTY OF THE PAR	=000									eu □ No *	
PROJECT	Legal	Descrip	tion: (Use T	ax Statement)	Tax ID#	221		Recorded Document: (	1000		
LOCATION		10000				321		666	16		
<u> </u>	SE	1/4	Gov't Lot	Lot(s) CSP	VI Vol & Page CSIV	Doc# Lo	ot(s) # Block #	Subdivision:			
	٨		Elm	10	Town of:	,		Lat Cian		et 2, 1997 (1997)	
Section	, Tow	nship _	9 / N, F	Range <u>69</u> W	Town on:	U6ES		Lot Size	Acre	age 7, Z	
	2				Stream (incl. Intermittent)	Distance Stru	cture is from Shorelin			Are Wetlands	
☐ Shoreland _				of Floodplain?	If yescontinue —	-		feet in Floodplain Zone?	1	Present?	
	☐ Is I	Property	/Land withi	n 1000 feet of Lake,	The state of the s	Distance Structure is from Shorelin		e: Yes		☐ Yes	
•					If yescontinue —			feet No		No	
Non-Shoreland	d										
Value at Time						Total # of	NAV.	bot Tune of		T	
of Completion				Project	Project			hat Type of anitary System(s)		Type of Water	
* include donated time		Projec	t	# of Stories	Foundation	on	Is on the property or			on	
& material						property	Will be	on the property?		property	
	☐ New	Constr	uction	1-Story	☐ Basement	□ 1	☐ Municipal/Cit	У		☐ City	
MAdd	XAddi	ddition/Alteration		☐ 1-Story +	☐ Foundation			y Specify Type:		₩ell	
\$ 750000	G Com			Loft	Clab		✓ Sanitary (Exist	s) Specify Type:			
1	500.00000000000000000000000000000000000	ersion/		☐ 2-Story	z-story Stab						
		cate (existing bldg) a Business on erty		Use Nor		☐ None	□ □ Privy (Pit) or □ Vaulted (min 200 gallon) □ None □ Portable (w/service contract)				
	Prop					Compost Toilet				-	
		,					□ None			-	
Friedrice Course											
Proposed Cons				siness is being applied		0	Width: 30	Height: Height:		5	
		TOVETE	in difficultion	107	- Seringani		12	- Incigniti			
Proposed U	Jse	1			Proposed Structur	'e		Dimensions		Square	
			Principal	Structure (first st	ructure on property)			( X )		Footage	
				e (i.e. cabin, hunti				( X )			
☐ Residentia	l Heo			( x )							
_ Residentia	036			( X )							
				with (2 <sup>nd</sup> ) Porch							
			with a Deck								
Commercial Use				with (2 <sup>nd</sup> ) Deck				( X )		U	
				with Attached Garage  unkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)				( x			
								( X )			
				Mobile Home (manufactured date) Addition/Alteration (explain)							
- Manierpar osc				( X )	+						
			Accessory Building (explain)  Accessory Building Addition/Alteration (explain) G Arage Leav To						7	71	
		10		(30 × 121	)	36					
								( x )		441	
			Conditio	( X )							
			Other: (e	xplain)				( x )			
the Market of Sand					TARTING CONSTRUCTION V					20100	
(are) responsible for t	he detail and	accuracy of	of all information	I (we) am (are) providing a	amined by me (us) and to the be nd that it will be relied upon by E	ayfield County in de	termining whether to issue a	permit. I (we) further accept li	ability whi	ch may be a	
property at any reaso	nable time fo	or the purp	ose of inspection		this application. I (we) consent to	-		ty ordinances to have access to	the abov	e described	
Owner(s):		LL	Attac	hed Sign	or letter(s) of authorization	in t		Date			
(If there are Mu	ltiple Own	ers listed	on the Deed	All Owners must sign	or letter(s) of authorization	n must accompa	nny this application)				
Authorized Age							10	Date			
	(If y	ou are si	gning on beh	alf of the owner(s) a le	etter of authorization must	accompany this	application)				

Original Application MUST be submitted

NO FOE SOUT & NOT SIGNED 9-1-2020

Address to send permit \_

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

w: <u>Draw</u> or <u>Sketch</u> your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCII

(1) Show Location of:

**Proposed Construction** 

Show / Indicate: (2)

North (N) on Plot Plan

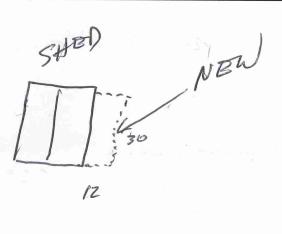
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)

(4)Show: (5) Show: All Existing Structures on your Property

(6)Show any (\*): (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

k) <b>295</b> Feet
7 9 -
k) 475 Feet
- Feet
Feet
The second second
295 Feet
☐ Yes   No
_ Feet
> 50 Feet
e f

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 20 - 0336	Permit Date: 12-7-80						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes (Deed of Recor   Yes (Fused/Contigue)   Yes   Yes	vous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes WNo ☐ Yes WNo	Affidavit Required Affidavit Attached	☐ Yes	No No	
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by  Yes No	y Variance (B.O.A.)	e #:			
Was Parcel Legally Created Was Proposed Building Site Delineated  Was Proposed Building Site Delineated	CNIFFER	Were Property Line	Yes		_ □ No		
Inspection Record: Existing ATF	Lean- to	Addition	٧.	Zoning District Lakes Classification		. )	
Date of Inspection: 8 1 20	Inspected by:	bot Scl	nderman	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Att	ached?   Yes   No-(If	No they need to be atta	habitation	or Slee	PINS		
Purposes.	1100						
Signature of Inspector:	LA( !			Date of Appro	oval: /2	4/201	
Hold For Sanitary:  Hold For TBA:	Hold For Affi	davit:	Hold For Fees:		101	11	

# <sub>City</sub>, Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

20-0336 David Kusilek Issued To: F 1/2 of the Hughes Town of SW 1/4 of SE Range 9 W. Location: Section Township CSM# Block Subdivision Gov't Lot Lot

For: Residential Accessory Building Addition: [1-Story; Lean-to (30' x 12') = 336 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

# Condition(s): Garage not to be used for human habitation or sleeping purposes.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

## **Rob Schierman**

**Authorized Issuing Official** 

December 7, 2020

Date